

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND			FEC IDENTIFICATION NUMBER ▼ C C00401786	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee AINSLEY SHEA		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2014		
Mailing Address 213 E 4TH ST #201		Amount 6917.00		
City ST PAUL	State MN	Zip Code 55101	Transaction ID : SE.4108	
Purpose of Expenditure AD & WEB PRODUCTION & DESIGN		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 12 / 2014	
Name of Federal Candidate DAVID A TROTT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		6917.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CAMPAIGN GRID		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2014		
Mailing Address 400 FIRST ST SE		Amount 2800.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.4109	
Purpose of Expenditure DIGITAL MEDIA BUY		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 12 / 2014	
Name of Federal Candidate DAVID A TROTT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		9717.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		9717.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE		[Electronically Filed]		Date
Signature				MM / DD / YYYY 03 / 12 / 2014

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND		FEC IDENTIFICATION NUMBER ▼ C C00401786	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NCC MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2014	
Mailing Address 200 N GLEBE RD #710		Amount 15283.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE.4110
Purpose of Expenditure CABLE TELEVISION BUY (3/12 - 3/21/2014)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 12 / 2014
Name of Federal Candidate DAVID A TROTT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15283.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	25000.00

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SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
03 / 12 / 2014

Signature